#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000483888

**Entity Name: 100 PERCENT CHIROPRACTIC NATKER LLC** 

**FILED** Feb 28, 2023 **Secretary of State** 5445354730CC

## **Current Principal Place of Business:**

1605 COUNTY ROAD 220 **UNIT # 165** 

FLEMING ISLAND, FL 32003

# **Current Mailing Address:**

1605 COUNTY ROAD 220 **UNIT # 165** FLEMING ISLAND, FL 32003 US

FEI Number: 87-3559544 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

MARTIN, EUGENE 1605 COUNTY ROAD 220 **UNIT # 165** FLEMING ISLAND, FL 32003 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MGR

MARTIN, EUGENE Name

1605 COUNTY ROAD 220 Address

**UNIT # 165** 

City-State-Zip: FLEMING ISLAND FL 32003

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE MARTIN

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

02/28/2023 Date